

08-02-89 SHIPPER 15454

**UNIFORM HAZARDOUS
WASTE MANIFEST**

3. Generator's Name and Mailing Address
**LABEL HOUSE
9852 DUPREE., SO. EL MONTE, CA 91733**

4. Generator's Phone (818) 444-7755

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address
**OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602**

6. US EPA ID Number

8. US EPA ID Number

10. US EPA ID Number

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **WASTE ORM-A N.O.S. NA 1693 ORM-A
(FLEXOSOLVENT)**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name
VAL FERNANDEZ

Signature

Month Day Year
08/11/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Signature

Month Day Year
08/11/89

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year
10/8/11/89

FRANK FORD

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812